STATE OF SOUTH CAROLINA) (Caption of Case) (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)		940700 BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA		
J.C. Smith RECEIVED		•		
	DEC = 4 2012)	DOCK	KET BER: <u>[944-538</u> • T	
(Plo	T,T,W,W/W)	If this is your fir have a Docket N	st time filing an application with the PSC, you will not fumber. The Commission will assign one to you. If you he Commission before, a Docket Number was assigned	
•	bmitted by: 7C Sm/H	Telephone:	843-1669.4975	
Ad	dress: 522 Zeflerson St Florence &C 2950L	Fax:		
	_FIOTCHEL BC 24500	Other: Email:		
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.				
NATURE OF ACTION (Check all that apply)				
	Application - Class C Taxi		Request to Amend Scope of Authority	
	Application - Class C Charter		Request to Amend Tariff (rate increase, etc.)	
	Application - Class C Charter Bus		Request to Amend Passenger Limit	
	Application - Class C Non-Emergency		Request	
	Application – Class E Household Goods		Exhibit	
	Application - Class E Hazardous Waste		Late-Filed Exhibit	
	Application		Letter	
	Request for Extension to Comply with Order		Proposed Order	
	Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded	. 🗆	Publisher's Affidavit	
	Request for Cancellation of Certificate		Reservation Letter	
	Request for Suspension		Response	
4	Request for Reinstatement		Return to Petition	
	Request for Name Change on Certificate		Other: Please Expedite	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



JC Smith 522 Jefferson St Florence, SC 29506

DEC = 4 2012 (

December 4, 2012

Dear ORS,

I JC Smith is asking if the ORS can expedite my reinstatement so I can start driving my Taxi. This is my only source of income. Thank you

Sincerely,

JC Smith

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815	
DATE: 12-4-12		
Please consider this an application for Reinstatement of Taxi Certificate Number 1994-538-7 Charter Certificate Number Charter Bus Certificate Number Non-Emergency Certificate Number	12 NO DEC = 4 2012 7,7,8,8	
My certificate was revoked/cancelled on 11-27-12 (DATE) _my decal fus	because I forgot to pury	
I am seeking reinstatement because 4/15 13 mg	only income	
T.C. Smith DBA_ (Name of Company) 522 2 fusion 5+	(if applicable)	
	Mailing Address if different from Street Address)	
Florch (e. 51 29506 (City, State, Zip Code) 843 · U69. 4975 (Telephone Number)	(Signature) (Signature) (Title) Owner, President, etc.	

ORS Revised 2-22-10

Mail or fax a copy to: